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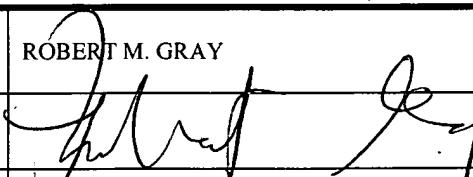
(to be used for all correspondence after initial filing)

		Application Number	10/037,936
		Filing Date	January 4, 2002
		First Named Inventor	Klaus Joachim Zanker
		Art Unit	2856
		Examiner Name	D. S. Larkin
Total Number of Pages in This Submission	22	Attorney Docket Number	1787-12300 BMG

ENCLOSURES (check all that apply)

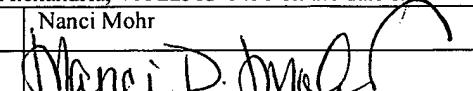
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

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TECHNOLOGY CENTER 2300**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Or Individual Name	ROBERT M. GRAY
Signature	
Date	December 30, 2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or Printed Name	Nanci Mohr
Signature	
Date	December 30, 2003

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FEE TRANSMITTAL

For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **\$ 00.00**

METHOD OF PAYMENT (Check all that apply)

Check Credit Card Money Other None Order

Deposit Account:

Deposit Account Number: 03-2769
Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
 Credit any overpayments

FEE CALCULATION
1. BASIC FILING FEE

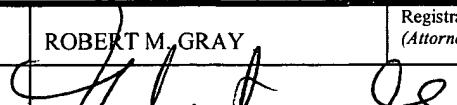
Large Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Fee	Fee	Fee Description	Fee Paid
1001 770	2001 385	Utility filing Fee			\$
1002 340	2002 170	Design filing fee			\$
1003 530	2003 265	Plant filing fee			\$
1004 770	2004 385	Reissue filing fee			\$
1005 160	2005 80	Provisional filing fee			\$

SUBTOTAL (1) \$00.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Fee from Extra Claims below				Fee Paid
Total Claims 25	55**	= 0	x	18.00 = \$ 0.00
Independent 3	9**	= 0	x	86.00 = \$ 0.00
Claims				
Multiple Dependent				290.00 = \$ 0.00

Large Entity	Small Entity	Fee	Fee	Fee Description
Code (\$)	Code (\$)	Fee	Fee	Fee Description
1202 18	2202 9	Claims in excess of 20		
1201 86	2201 43	Independent Claims in excess of 3		
1203 290	2203 145	Multiple dependent claim, if not paid		
1204 86	2204 43	** Reissue independent claims over original patent		
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		

SUBTOTAL (2) \$
**** or number previously paid, if greater; For Reissues, see above**
SUBMITTED BY
Complete (if applicable)

Name (Print/Type)	ROBERT M. GRAY	Registration No. (Attorney/Agent)	41,798	Telephone	(713) 238-8000
Signature				Date	December 30, 2003

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